U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
Kevin Burton	CV-07-4967 PJH (PR)
DEFENDANT	TYPE OF PROCESS
California Department of Corrections, et al.	Summons Order and Complaint
SERVE SERVE SERVE SERVE OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF SIGN WILSON TRANSFER	red TO COFFORM STATE PRISO
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	Y. D. ISON
Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960	loyeed AT SATE COFCOFAR
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Kevin Burton, C-38062	
R.J. Donovan State Prison	Number of parties to be served in this case
P.O. Box 779007	Scived in this case
San Diego, CA 92179	Check for service
	on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVI	ICE (Include Business and Alternate Addresses.
All Telephone Numbers, and Estimated Times Available for Service):	
Carron Land Land	T Felt
Correctional officer wilson, Is Now Employeed AT	T S.A.T.F. SE 二 美宮
COLOTAN STATE PRISON	后 ² 一
P.O. BOX 5242	
COCCOTATION 98212.	
	DOST TO SEPHONE NUMBER QUE TO SEPHONE NUMBER
	LEFRONE NUMBER
Felicia Relocate Mulatera DEFENDANT 41	5-522-2000 6/10/07
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT	WRITE BELOW THIS LINE
umber of process indicated. Sign only for USM 285 if more	Date Date
nan one USM 285 is submitted) No. 1 No. 1 No. 1	73/8
hereby certify and return that I 🔲 have personally served , 🗆 have legal evidence of service. 🖬 have exec	
n the individual, company, corporation, etc., at the address shown above on the on the individual, company,	corporation, etc. shown at the address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named abo	ove (See remarks below)
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendants usual place of abode
Address (complete only different than shown above)	Date Time
	☐ am
	□ pm
	Signature of U.S. Marshal or Deputy
	Amount owed to U.S. Marshal* or Amount of Refund*)
	\$0.00
EMARKS ALLO A A A A A A A A A A A A A A A A A	30.00
EMAKAS: 111/08 - CONTACTED Lit. CONDERMON AT SYST	
EMARKS: 1/1/08 - contacted Lit. Coordinator At SUSP 13/08 - Que officers with same last name - Naci	I more info, such As I was
RINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD	PRIOR EDITIONS MAY BE USED

3. NOTICE OF SERVICE

5. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUM CV-07-4967 PJH	
DEFENDANT	TYPE OF PROCESS	
California Department of Corrections, et al.	Summons Order a	nd Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DES	CRIPTION OF PROPERTY T	O SEIZE OR CONDEMN
SERVE Correctional OFFICER Corrasco CA ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	MEASCO	_
Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3
Kevin Burton, C-38062 R.J. Donovan State Prison P.O. Box 779007	Number of parties to be served in this case	19
San Diego, CA 92179	Check for service on U.S.A.	N 08 9
PECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SER ALL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SER	VICE (<u>Include Busi</u> ness and .	Attennate Addresses.
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THIS Correctional officer's correct spell	ing of last	与 2
AND Specifically Worker IN S.V.S.P. Administration Segreg facility D. Unit S. On or around the period of Jan 11, 20 gnature of Attorney other Originator requesting service on behalf of:	A HIGH UNIT; DC5 JAN 18, 2005. TELEPHONE NUMBER	DATE DATE
Felicia Reloba Allik Kolom Defendant SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NO	415-522-2000 T WRITE BELOW	6/10/07 THIS LINE
	zed USMS Deputy or Clerk	Date
hereby certify and return that I have personally served, have legal evidence of service, have en the individual, company, corporation, etc., at the address shown above on the on the individual, company	executed as shown in "Remarks ny, corporation, etc. shown at the	s", the process described ne address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named a	above (See remarks below)	
ame and title of individual served (if not shown above)		able age and discretion defendants usual place
	Date	Time ar
ddress (complete only different than shown above)	1 1	
ddress (complete only different than shown above)	Signature of U.S. Ma	
idress (complete only different than shown above)	Signature of U.S. Mo	arshal or Deputy
	Signature of U.S. Marsh (Amount of Refund*)	arshal or Deputy
rvice Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marsh	arshal or Deputy
	Amount owed to U.S. Marsh (Amount of Refund*)	arshal or Deputy

2. USMS RECORD

3. NOTICE OF SERVICE

BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

(Sign only, for than one USM) I hereby certifon the individ I hereby Name and titl	ocess indicated. USM 285 if more (1 285 is submitted) Ty and return that I have ual, company, corporation,	personally served , etc., at the address shounable to locate the incompanient of the shown above)	No have legal evidence own above on the or	the individual, comp		table age and discretion defendants usual place Time
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number of pro Sign only for	ocess indicated. USM 285 if more	1 1		K. Jac		6/30/
	a receipt for the total Tot	tal Process District o	f District to	Signature of Autho	rized USMS Deputy or Clerk	Date
	BELOW FOR U	SE OF U.S. M	ARSHAL O		OT WRITE BELOW	V THIS LINE
	Attorney other Originator rec	questing service on bel	rate of:	PLAINTIFF	TELEPHONE NUMBER	$\overline{\Omega} = \overline{\omega}$
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.05 1	round JANII,	2.005. AND	Specifical	ly worked	IN S.V.S.P	ERN I
All Telephor	correctional of	Times Available for S	iervice):	th basyold	S.V.S.P on	Alter Rate Addresses.
SPECIAL IN	ISTRUCTIONS OR OTHER	R INFORMATION TE	LAT WILL ASSIST	IN EXPEDITING SE	ERVICE (Include Business and	Alternate Addresses.
	P.O. Box 779007 San Diego, CA 92179				Check for service on U.S.A.	-
	Kevin Burton, C-3800 R.J. Donovan State Pr				Number of parties to be served in this case	19
SEND NOTE	CE OF SERVICE COPY TO	O REQUESTER AT N	AME AND ADDR	ESS BELOW	Number of process to be served with this Form 285	3
SERVE AT	ADDRESS (Street or	PA OFFICE RFD, Apartment No., ate Prison, P.O. Bo	City, State and ZIP	Code)		
CLDAL	4				ESCRIPTION OF PROPERTY	TO SEIZE OR CONDEN
	Department of Correct	tions, et al.	·		Summons Order a	
		<u> </u>			CV-07-4967 PJH	· · ·

3. NOTICE OF SERVICE

BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF	COURT CASE NUME	
Kevin Burton	CV-07-4967 РЈН	(PR)
DEFENDANT	TYPE OF PROCESS	
California Department of Corrections, et al.	Summons Order as	nd Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DI	ESCRIPTION OF PROPERTY T	O SEIZE OR CONDEMN
SERVE Correctional OFFICER PEREZ		
•••		
Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960	· ,	·
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be	3
	served with this Form 285	
Kevin Burton, C-38062	Number of parties to be	
R.J. Donovan State Prison	served in this case	.19
P.O. Box 779007		
San Diego, CA 92179	Check for service	
	on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SI	ERVICE (Include Business and A	iternate Addresses.
All Telephone Numbers, and Estimated Times Available for Service):	Control (American Susmers and)	Alicentale Addresses.
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Segregation Unit, Facility D. Unit 8. On or around 4h	Administration	上 罗 一 為
De gregation unit, facility D. Unit 8. On or acound the	ie period of	
JAN 11, 2005. JAN 18, 2005.	`.	
		NARSHA DISTREE
Signature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUMBER	
Felicia Reloba / Julk Clar DEFENDANT	415-522-2000	6/10/07
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NO	OT WRITE BELOW	THIS LINE
I acknowledge receipt for the total Total Process District of District to Signature of Author	orized USMS Deputy or Clerk	Date
number of process indicated. Origin Serve		" . / J.
(Sign only for USM 285 if more than one USM 285 is submitted)		6/30/08
I hereby certify and return that I \square have personally served , \square have legal evidence of service \square have on the individual , company, corporation, etc., at the address shown above on the on the individual , comp	e executed as shown in "Remarks	", the process described
on the individual, company, corporation, etc., at the address shown above on the off the individual, comp	bany, corporation, etc. snown at th	e address filserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. name	d above (See remarks below)	
Name and title of individual served (if not shown above)	☐ A person of suita	ble age and discretion
	then residing in o	lefendants usual place
		T:
Address (complete only different than shown above)	Date	Time an
		pr pr
	Signature of U.S. Ma	urshal or Denuty
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including chaestors)	(1111/111111111111111111111111111111111	
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13/08- 8 officers when lot name - Need me,	. 1	
<u></u>		
PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD	V PRIOR E	DITIONS MAY BE USE

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kevin Burton	COURT CASE NUMB CV-07-4967 PJH		
DEFENDANT	TYPE OF PROCESS		
California Department of Corrections, et al.	Summons Order ar	nd Complaint	
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DI	ESCRIPTION OF PROPERTY TO	O SEIZE OR CONDEMN	
SERVE ATA GARCIA ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960	•		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
SEND NOTICE OF SERVICE COLL TO REQUESTER AT MAINE AND ADDRESS BELOW	Number of process to be served with this Form 285	3	
Kevin Burton, C-38062 R.J. Donovan State Prison P.O. Box 779007	Number of parties to be served in this case	19	
San Diego, CA 92179	Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SI All Telephone Numbers, and Estimated Times Available for Service):	ERVICE (Include Business and A	Alternate Addresses,	
MTA, GARCIA WAS previously Issued (served) Summons order	ald Complaint on	Fold	
MATCH 26, 2007. And AN ACKNOWLEGHEST OF RECEIPT WAS SIG	ned by nerend all	OF C	
Behalf of Mother person. Filed the since court (with same	And the second	부를 들 글	
PERSONT CONDICT PROPERTY OF THE COURT (WITH) SAFER	Cimenuvur) 4.	只面 ₹ ;	
present federal civil case as above please see attacked !	ACKNOWledgment		
GF RECEIPT ' ignature of Attorney other Originator requesting service on behalf of: // PLAINTIFF	TELEPHONE NUMBER	PEXTE = 0	
Felicia Reloba (Julia Polaritaria)	415-522-2000	1 S 10/0	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NO			
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin Serve No. 11 No. 11 No. 11	orized USMS Deputy or Clerk	Date	
hereby certify and return that I have personally served, have legal evidence of service, have n the individual, company, corporation, etc., at the address shown above on the on the individual, comp	e executed as shown in "Remarks pany, corporation, etc. shown at th	", the process described e address inserted below.	
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. name	ed above (See remarks below)		
lame and title of individual served (if not shown above)	T.—	able age and discretion	
and the second of the second o	, — .	defendants usual place	
ddress (complete only different than shown above)	Date	Time a	
	Signature of U.S. Ma	urshal or Deputy	
ervice Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits including endeavors)	Amount owed to U.S. Marsha (Amount of Refund*)	al* or	
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RINTS COPIES: I. CLERK OF THE COURT	PRIOR E	EDITIONS MAY BE USE	

- NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

*	<u> </u>	POS-010
attorney or par Steven C.	TY WITHOUT ATTORNEY (Name, State Bar number, and address): Sanders	FOR COURT USE ONLY
Sanders &	Associates	
	strial Blvd., #100 strial Blvd., Ste 100	FILED
	amento, CA 95691	
TELEPHO	NE NO.: (916) 376-8738 FAX NO. (Optional): 916-376-8738	APR 1 6 2007
E-MAIL ADDRESS (O)	otional): (Name): Kevin_Burton	LISA M. GALDOS
	IRT OF CALIFORNIA, COUNTY OF Monterey	CLERK OF THE SUPERIOR COURT
	RESS: 240 Church St., Suit Monterey County Superior Court	DEPUTY
MAILING ADD	RESS: 1200 Aguajito Road	J. NICHOLSON
CITY AND ZIP O	code: Salinas, CA 93901 Monterey, Ca 93940	
	ETITIONER: Kevin Burton	CASE NUMBER:
·		
DEFENDANT/RES	SPONDENT: CDCR, et al.	M82071
		Ref. No. or File No.:
	PROOF OF SERVICE OF SUMMONS	
	(Separate proof of service is required for each party ser	rved.)
1. At the time o	f service I was at least 18 years of age and not a party to this action.	
2. I served copi	es of:	
a. X sı	ummons	
b. x co	omplaint	
	Iternative Dispute Resolution (ADR) package	
	ivil Case Cover Sheet (served in complex cases only)	
	oss-complaint	
	her (specify documents): Case Management Notice; Blank	Request to Vacate or
		•
	ontinue Initial Case Management Conference and	
3. a. Party serve	ed (specify name of party as shown on documents served): MTA Garcia	
b. Pe	erson (other than the party in item 3a) served on behalf of an entity or as an	authorized agent (and not a person attentionship to the party named in item 3a):
4	the market of Demonstrate 1 of Tables AFF Call	des Cale Deserve C. des
	re the party was served: Department of Justice, 455 Gol	den Gate Avenue, Suite
	party (check proper box)	
	personal service. I personally delivered the documents listed in item 2 to	the party or person authorized to
	ceive service of process for the party (1) on (date):	(2) at (time):
	r substituted service. On (date): at (time): the presence of (name and title or relationship to person indicated in item 3	I left the documents listed in item 2 with or s):
(4)	(hypinger) a manage of least 40 years of any angular their about	at the office or usual place of husiness
(1)	(business) a person at least 18 years of age apparently in charge of the person to be served. I informed him or her of the general national served.	
(2)	(home) a competent member of the household (at least 18 years of place of abode of the party. I informed him or her of the general na	
(3)	(physical address unknown) a person at least 18 years of age an address of the person to be served, other than a United States Poshim or her of the general nature of the papers.	-
(4)	at the place where the copies were left (Code Civ. Proc., § 415.20)	•
(5)		_
		Page 1 of 2

	PLAINTIFF	/PETITIONER: Kevin Burton		CASE NUMBER:
,				M82071
	DEFENDANT/R	ESPONDENT: CDCR, et al.		
	5. c. X	by mail and acknowledgment of receipt of service. I maddress shown in item 4, by first-class mail, postage prepared	paid,	
		 (1) on (date): 03/05/07 (3) x with two copies of the Notice and Acknowledge to me. (Attach completed Notice and Acknowledge) (4) to an address outside California with return reconstructions. 	edgement of Receipt	a postage-paid return envelope addresse
	d.	by other means (specify means of service and authorizing	ng code section):	
		Additional page describing service is attached.		
	(e to the Person Served" (on the summons) was completed	l as follows:	
	a. <u>x</u>	as an individual defendant.		
	b	as the person sued under the fictitious name of (specify): as occupant.		•
	d	On behalf of (specify):		
		under the following Code of Civil Procedure section:		
		416.10 (corporation) 416.20 (defunct corporation) 416.30 (joint stock company/association) 416.40 (association or partnership) 416.50 (public entity)	416.60 (minor 416.70 (ward 416.90 (autho 415.46 (occup	or conservatee) rized person)
			other:	
,		o served papers Keith Chandler		
		: 3960 Industrial Blvd., Suite 100,	West Sacrame	nto CA 95691
	c. Telepho	ne number: 916-376-8738		
	d. The fee	for service was: \$		
	e. I am:			
	(1) (2) (3) (3)	exempt from registration under Business and Profession registered California process server:	ons Code section 22	350(b).
8	. x I dec	lare under penalty of perjury under the laws of the State o	of California that the	foregoing is true and correct.
	or			
9	. 🗀 lam	a California sheriff or marshal and I certify that the foreg	going is true and cor	rect.
D	ate: April	4, 2007	V	
<u>K</u>	EITH CHAN (NAME OF PE	DLER RSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)	full	(SIGNATURE)

POS-015

Page 9 of 14

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Steven C. Sanders SBN 171369	
Sanders & Associates	
3960 Industrial Blvd., #100	
West Sacramento, CA 95691	
TELEPHONE NO.: 916-376-8738 FAX NO. (Optional): 916-376-8717	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name): Kevin Burton	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Monterey	
STREET ADDRESS: 240 Church St., Suite 318	
MAILING ADDRESS:	
CITY AND ZIP CODE: Salinas, CA 93901	
BRANCH NAME:	
PLAINTIFF/PETITIONER: Kevin Burton	
• •	
	·
DEFENDANT/RESPONDENT: CDCR, et al.	'
BEI ENDAMINEDI ONDENT. ODDINY CC UI.	
NOTICE AND ACKNOWN EDGMENT OF RECEIPT CIVIL	CASE NUMBER:
NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL	M82071

TO (insert name of party being served): MTA Garcia

NOTICE

The summons and other documents identified below are being served pursuant to section 415.30 of the California Code of Civil Procedure. Your failure to complete this form and return it within 20 days from the date of mailing shown below may subject you (or the party on whose behalf you are being served) to liability for the payment of any expenses incurred in serving a summons on you in any other manner permitted by law.

If you are being served on behalf of a corporation, an unincorporated association (including a partnership), or other entity, this form must be signed by you in the name of such entity or by a person authorized to receive service of process on behalf of such entity. In all other cases, this form must be signed by you personally or by a person authorized by you to acknowledge receipt of summons. If you return this form to the sender, service of a summons is deemed complete on the day you sign the acknowledgment of receipt below.

Date of mailing: 3/5/07

<u>Keith Chandler</u>

(TYPE OR PRINT NAME)

(SIGNATURE OF SENDER-MUST NOT BE A PARTY IN THIS CASE)

ACKNOWLEDGMENT OF RECEIPT

This acknowledges receipt of (to be completed by sender before mailing):

1. X A copy of the summons and of the complaint.

2. X Other: (specify): Case Management Notice

OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF JUSTICE

455 GOLDEN GATE AVENUE, SUITE 11000

SAN FRANCISCO, CA 94102-3664

(To be completed by recipient):

Date this form is signed: 3/26/07

(TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY, ON WHOSE BEHALF THIS FORM IS SIGNED) (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT WITH TITLE IF ACKNOWLEDGMENT IS MADE ON BEHALF OF ANOTHER PERSON OR ENTITY)

Page 1 of 1

USM-285 is a 5-par. ເວເm. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Kevin Burton DEFENDANT California Department of Corrections, et al. NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DE SERVE AT OFFICER 5 I NO ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960 END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	CV-07-4967 PJH TYPE OF PROCESS Summons Order as SCRIPTION OF PROPERTY T	nd Complaint
California Department of Corrections, et al. SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DE CORRECTIONAL OFFICER SINA ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960	Summons Order as	<u>-</u> -
SERVE AT Correctional OFFICER Silva ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960	SCRIPTION OF PROPERTY T	O SEIZE OR CONDEN
SERVE AT CORRECTIONAL OFFICER SINA ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960		
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960		
Salinas Valley State Prison, P.O. Box 1020, Soledad, CA 93960		<u>'</u>
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
2.0 1.0 1.0 2 0. Dett. 100 00 1 1 1 0 1	Number of process to be	1
	served with this Form 285	3
Kevin Burton, C-38062 R.J. Donovan State Prison	Number of parties to be served in this case	19
P.O. Box 779007 San Diego, CA 92179	Check for service on U.S.A.	700
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SE All Telephone Numbers, and Estimated Times Available for Service):	RVICE (Include Business and S	11-
This Correctional Officer, was previously Iss	ued Gerved)	오후 - 1
SUMMONS Order And Complaint on MARCH 26, 200	7. AUCI AN	
ACKNOWLEDGMENT OF RECEIPT WAS SIGNED BY PERSON MOTHER PERSON, FILED IN STATE COURT WITH SAME DEFENDANTS	OU DEUVILL OF	- ORIGINAL ORIGINA ORIGINA ORIGINA ORIG
federal civil case above. Please see attached 'acknowledge	huse it and Bone ist	FR E
	TELEPHONE NUMBER	DATE
Felicia Reloba Lilluckollo Libertant	415-522-2000	6/10/07
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO	OT WRITE BELOW	THIS LINE
acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more using one USM 285 is submitted) Total Process District of Origin Serve No. 1	rized USMS Deputy or Clerk	Date
		7
nereby certify and return that I \square have personally served, \square have legal evidence of service. have the individual, company, corporation, etc., at the address shown above on the on the individual, company	executed as shown in "Remarks any, corporation, etc. shown at the	i", the process described ne address inserted belov
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named	l above (See remarks below)	
fame and title of individual served (if not shown above)		able age and discretion defendant's usual place
ddress (complete only different than shown above)	Date .	Time
	Signature of U.S. Ma	arshal or Deputy
ervice Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits including endeavors)	Amount owed to U.S. Marsha (Amount of Refund*)	al* or
	\$0.0	0
EMARKS 1/1/08- contracted Lit Coodinator @ SVSP 1/2/08- two officers w/ same /act NAME -NA		
$1/\sqrt{2}$	1 1 :	1 1

2. USMS RECORD

NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

	POS-010
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Steven C. Sanders	FOR COURT USE ONLY
Sanders & Associates	FILED
3960 Industrial Blvd., #100	
3960 Industrial Blvd., Ste 100 West Sacramento, CA 95691	ADD 1 0 0007
TELEPHONE NO.: (916) 376-8738 FAX NO. (Optional): 916-376-8738	APR 1 6 2007
E-MAIL ADDRESS (Optional):	LISA M. GALDOS
ATTORNEY FOR (Name): Kevin Burton SUPERIOR COURT OF CALIFORNIA, COUNTY OF Monterey	CLERK OF THE SUPERIOR COURT
STREET ADDRESS: 240 Church St., Suit Montetty County Superior Court	
MAILING ADDRESS: 1200 Aguaito Road	J. NICHOLSON
CITY AND ZIP CODE: Salinas, CA 93901 Montercy, Ca 93940	
PLAINTIFF/PETITIONER: Kevin Burton	CASE NUMBER:
DEFENDANT/RESPONDENT: CDCR, et al.	M82071
PROOF OF SERVICE OF SUMMONS	Ref. No. or File No.:
	, .
(Separate proof of service is required for each party se	rved.)
1. At the time of service I was at least 18 years of age and not a party to this action.	
2. I served copies of:	,
a. x summons	
b. x complaint	
c. X Alternative Dispute Resolution (ADR) package	
d. Civil Case Cover Sheet (served in complex cases only)	
e. cross-complaint	•
f. x other (specify documents): Case Management Notice; Blank	Request to Vacate or
Continue Initial Case Management Conference and	-
3. a. Party served (specify name of party as shown on documents served): C/O Silva	
o. a. Fairy served (speemy hame of party as shown on declarations served).	
b. Person (other than the party in item 3a) served on behalf of an entity or as a under item 5b on whom substituted service was made) (specify name and re	n authorized agent (and not a person lationship to the party named in item 3a):
4. Address where the party was served: Department of Justice, 455 Gol	den Gate Avenue, Suite
11000, San Francisco, CA 94102-3664	, , , , , , , , , , , , , , , , , , , ,
5. I served the party (check proper box)	
 a. by personal service. I personally delivered the documents listed in item 2 to receive service of process for the party (1) on (date): 	the party or person authorized to (2) at (time):
b. by substituted service. On (date): at (time):	I left the documents listed in item 2 with or
in the presence of (name and title or relationship to person indicated in item 3	3):
(1) (business) a person at least 18 years of age apparently in charge	at the office or usual place of business
of the person to be served. I informed him or her of the general na	
(2) (home) a competent member of the household (at least 18 years place of abode of the party. I informed him or her of the general na	
(3) (physical address unknown) a person at least 18 years of age a address of the person to be served, other than a United States Po him or her of the general nature of the papers.	
(4) I thereafter mailed (by first-class, postage prepaid) copies of the dat the place where the copies were left (Code Civ. Proc., § 415.20 (date): from (city):	
(5) I attach a declaration of diligence stating actions taken first to at	
	Page 1 of 2

,			
7	PLAINTIFF	F/PETITIONER: Kevin Burton	CASE NUMBER:
		,	M82071
D	EFENDANT/F	RESPONDENT: CDCR, et al.	
5.	. c. <u>x</u>	by mail and acknowledgment of receipt of service. address shown in item 4, by first-class mail, postage p	I mailed the documents listed in item 2 to the party, to the repaid,
		(1) on (date): 03/05/07	(2) from (city): West Sacramento
		(3) x with two copies of the Notice and Acknowled	Igment of Receipt and a postage-paid return envelope address wledgement of Receipt.) (Code Civ. Proc., § 415.30.)
			eceipt requested. (Code Civ. Proc., § 415.40.)
	d	by other means (specify means of service and author	
			·
		Additional page describing service is attached.	
6.		ce to the Person Served" (on the summons) was comple	ted as follows:
	a. x	as an individual defendant.	
	b	as the person sued under the fictitious name of (specifical as occupant.	y).
	d.	On behalf of (specify):	
		under the following Code of Civil Procedure section:	
		416.10 (corporation)	415.95 (business organization, form unknown)
		416.20 (defunct corporation)	416.60 (minor)
		416.30 (joint stock company/association)	416.70 (ward or conservatee)
		416.40 (association or partnership)	416.90 (authorized person)
		416.50 (public entity)	415.46 (occupant) other:
7.	Person wi	no served papers	
		Keith Chandler	
	b. Address	s: 3960 Industrial Blvd., Suite 100	West Sacramento CA 95691
	c. Telepho	one number: 916-376-8738	
	d. The fee	for service was: \$	
	e. I am:		
	(1) [(2) [(3) [not a registered California process server. exempt from registration under Business and Profest registered California process server:	endent contractor.
		(i) owner employee indeper (ii) Registration No.:	enderit contractor.
		(iii) County:	
8.	x I de	clare under penalty of perjury under the laws of the Stat	e of California that the foregoing is true and correct.
	or		
9.	I am	a California sheriff or marshal and I certify that the fo	regoing is true and correct.
Date	e: April	4, 2007	
			$X \sim \infty$
KE]	ITH CHAN	NDLER ERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)	TIPL (SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): FOR COURT USE ONLY

Steven C. Sanders SBN 171369

Sanders & Associates

3960 Industrial Blvd., #100

West Sacramento, CA 95691

TELEPHONE NO.: 916-376-8738

FAX NO. (Optional):

916-376-8717

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): Kevin Burton

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Monterey

STREET ADDRESS: 240 Church St., Suite 318 Monterey County Superior Court

1200 Aguajito Road

CITY AND ZIP CODE: Salinas, CA

Monterey, Ca 93940 93901

BRANCH NAME:

PLAINTIFF/PETITIONER: Kevin Burton

DEFENDANT/RESPONDENT: CDCR, et al.

FILED

POS-015

APR 1 6 2007

LISA M. GALDOS CLERK OF THE SUPERIOR COURT

J. NICHOLSON

NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL

CASE NUMBER:

M82071

TO (insert name of party being served): C/O Silva

NOTICE

The summons and other documents identified below are being served pursuant to section 415.30 of the California Code of Civil Procedure. Your failure to complete this form and return it within 20 days from the date of mailing shown below may subject you (or the party on whose behalf you are being served) to liability for the payment of any expenses incurred in serving a summons on you in any other manner permitted by law.

If you are being served on behalf of a corporation, an unincorporated association (including a partnership), or other entity, this form must be signed by you in the name of such entity or by a person authorized to receive service of process on behalf of such entity. In all other cases, this form must be signed by you personally or by a person authorized by you to acknowledge receipt of summons. If you return this form to the sender, service of a summons is deemed complete on the day you sign the acknowledgment of receipt below.

Date of mailing: 3/5/07

Keith Chandler

(TYPE OR PRINT NAME)

(SIGNATURE OF SENDER MUST NOT BE A PARTY IN THIS CASE)

ACKNOWLEDGMENT OF RECEIPT

This acknowledges receipt of (to be completed by sender before mailing):

1. X A copy of the summons and of the complaint.

2. X Other: (specify): Case Management Notice STATE OF CALLFORMIA

OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF JUSTICE

455 GOLDEN GATE AVENUE, SUITE 11000

SAN FRANCISCO, CA 94102-3664 (To be completed by recipient):

Date this form is signed: 3/26

(TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY, ON WHOSE BEHALF THIS FORM IS SIGNED)

(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT WITH TITLE IF ACKNOWLEDGINENT IS MADE ON BEHALF OF ANOTHER PERSON OR ENTITY)

Page 1 of 1

8 OU.S. Department of Justice 2 United States Marshals Service 8 Northern District of California O 450 Golden Gate Ave., Room 20-6888

San Francisco, CA 94102